

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J04006** (9)

1. Corporation Name

MAIL MAKERS, INC.



Principal Place of Business

Mailing Address

**2237 S KANNER HWY
STUART FL 34994
US**

**2237 S KANNER HWY
STUART FL 34994
US**

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

**KNETGE, NANCY A.
2237 S KANNER HWY
STUART FL 34994**

3. Date Incorporated or Qualified

03/14/1986

3a. Date of Last Report

05/01/1995

4. FEI Number

11-2658065

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0607 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required for all filings)

(If Officer, Registered Agent Signature required when filing)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
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CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**PST
KNETGE, NANCY A.
12090 HARBOUR RIDGE BLVD
PALM CITY FL**

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nancy Knetge* NANCY KNETGE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96 407-220-9606
Day Phone #

CR2E034 (12/95)